

# Consent to Test for HIV – Confidential

Client initials

\_\_\_\_\_

I have been informed of the differences between anonymous and confidential HIV testing. I understand that confirmed reactive HIV test results will be forwarded by name to the California Department of Health Services for record-keeping purposes. This information will be maintained as completely confidential.

\_\_\_\_\_

SSN is voluntary. You will not be denied service for not providing this information. Since each SSN is unique, providing this information helps determine one case from another and avoids duplicate reporting.

\_\_\_\_\_

I have been informed about the limitations and implications of HIV tests. I understand that HIV tests' accuracy and reliability are not 100% certain.

Client initials

\_\_\_\_\_

## Rapid Testing Only

I have been informed that I will receive my initial HIV test result before I leave today. I understand that a negative test result does not require confirmation.

\_\_\_\_\_

I have been informed that a reactive rapid HIV test result must be confirmed by a laboratory based test. I consent to give a blood or oral fluid sample for this confirmatory test if my initial test result is reactive.

By my signature below, I acknowledge that I have been given information concerning the benefits and risks of HIV testing, and have had a chance to ask questions which were answered to my satisfaction. I consent to submit a blood or oral fluid sample to be tested for HIV.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Printed First, Last Name

Client initials

\_\_\_\_\_

## Contact Information

In the event that I miss my follow-up appointment, I consent to be contacted by \_\_\_\_\_ to reschedule my missed appointment.

(agency representative)

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP Code

\_\_\_\_\_

Home phone

\_\_\_\_\_

Alternate phone

Additional contact instructions: \_\_\_\_\_

